

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/529 221

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		-				
3		-				
4		-				
5		-				
6		-				
7		6				
8		6				
9		6				
10		①				
11		-				
12		-				
13		①				
14		-				
15		-				
16		-				
17		①				
18		-				
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26		-				
27		-				
28		①				
29		-				
30		-				
31		-				
32		-				
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36		①				
37		①				
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41		①				
42		①				
43		①				
44		①				
45		①				
46		①				
47		①				
48		①				
49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	62	←		←		←
TOTAL CLAIMS	63					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						